

Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03-28-2010	Address:	N. 2 nd St. @ Pottawattami	
Case #:	<u>24F31345</u>		Elkhart IN	
County:	<u>Elkhart</u>		<u>46514</u>	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Check all th ☐ Lithium ☐ Red Pho ☐ Flamma ☐ Water R ☐ Anhydro ☐ Hydrock ☐ Corrosiv	nd: Location (bedroom, kitchen, open air apply) /Ammonia Reaction(s): Vehicle osphorous/Iodine Reaction(s): ble Solvents: Leactive Metal (Lithium): ous Ammonia: nloric Acid Gas Generator(s): ve Acid: ve Base: tem and location):	r, etc)		
Child under age 18 discovered (check one) ☐ Yes (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agen		☐ Ephedrin ☐ Retail/Mo ☐ Other: <u>Ve</u>	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Vehicle Stop at serve the location:	
_	ment: Elkhart FD	Fax: 574-522-1023		
Health Department: Elkhart County HD		Fax: Email	<u>ed</u>	
•	rild Protection Service:		_	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.